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Introduction & Selection

HELLO, I am calling for the <u>Arizona Department of Health Services</u> . My name is <u>(name)</u> . We are gathering information about the health of <u>Arizona</u> residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.
Is this(phone number) ? If "no," Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. STOP
Is this a private residence? If "no," Thank you very much, but we are only interviewing private residences. STOP
Is this a cellular telephone?
Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".
If "yes," Thank you very much, but we are only interviewing land line telephones and private residences. STOP
I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?
Number of adults
If "1," Are you the adult?
If "yes," Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). Go to Confidentiality Statement.
If "no," Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent."

__ Number of men

How many of these adults are men and how many are women?

_	Number of women
The person in your hou	sehold that I need to speak with is

If "you," go to Confidentiality Statement

To the correct respondent:

HELLO, I am calling for the <u>Arizona Department of Health Services.</u> My name is <u>(name)</u>. We are gathering information about the health of <u>Arizona</u> residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information. The interview takes approximately 20 minutes to complete.

(The interview may be monitored for quality assurance purposes.)

Section 1: Health Status

1.1 Would you say that in general your health is—

(73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74 - 75)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(76-77)

- _ _ Number of days
- 8 8 None

[If Q2.1 and Q2.2 = 88 (None), go to next section]

- 7 7 Don't know / Not sure
- 9 9 Refused
- During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(78-79)

- _ _ Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

4.1	During the past month, other than your regular job, did you participate in any physical striction or every see such as running, callethonics, golf, gardening, or walking for	
Section 6	4: Exercise	
	 Within past year (anytime less than 12 months ago) Within past 2 years (1 year but less than 2 years ago) Within past 5 years (2 years but less than 5 years ago) 5 or more years ago Don't know / Not sure Never Refused 	(00)
3.4	About how long has it been since you last visited a doctor for a routine checkup? routine checkup is a general physical exam, not an exam for a specific injury, illne condition.	
	1 Yes 2 No 7 Don't know / Not sure 9 Refused	(0-)
3.3	Was there a time in the past 12 months when you needed to see a doctor but coubecause of cost?	ıld not (82)
	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused	(81)
3.2	Do you have one person you think of as your personal doctor or health care proving if "No," ask: "Is there more than one, or is there no person who you think of your personal doctor or health care provider?"	
	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
3.1	Do you have any kind of health care coverage, including health insurance, prepai such as HMOs, or government plans such as Medicare?	d plans (80)

activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(84)

- 1 Yes
- No
- 2 7 Don't know / Not sure

9 Refused

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?

[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]

[If respondent says pre-diabetes or borderline diabetes, use response code 4.]

(85)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Module 3: Diabetes

{To be asked following Core Q5.1; If Q5.1=1, continue; else go to next section.}

Mod3_1 How old were you when you were told you have diabetes?

(221-222)

- _ Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod3_2 Are you now taking insulin?

(223)

- 1 Yes
- 2 No
- 9 Refused

Mod3 3 Are you now taking diabetes pills?

(224)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod3_4 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(225-227)

1	Times per day
2	Times per week
3	Times per month
4	Times per year
8 8 8	Never
777	Don't know / Not sure
9 9 9	Refused

Mod3_5 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(228-230)

1	_	_	Times per day
2	_	_	Times per week
3	_	_	Times per month
4	_	_	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

Mod3_6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(231)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- Mod3_7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(232-233)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused
- Mod3_8 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(234-235)

- ___ Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

{CATI Note: If $Mod3_5 = 555$ (No feet), go to $Mod3_{10}$.}

Mod3_9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(236-237)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused
- **Mod3_10** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(238)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- Within the past year (1 month but less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused
- Mod3_11 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(239)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- Mod3_12 Have you ever taken a course or class in how to manage your diabetes yourself?

(240)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Hypertension Awareness

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(86)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
- Yes, but female told only during pregnancy [Go to next section]
- 3 N

9

- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
 - Refused [Go to next section]
- 6.2 Are you currently taking medicine for your high blood pressure?

(87)

[Go to next section]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Cholesterol Awareness

7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

(88)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]
- **7.2** About how long has it been since you last had your blood cholesterol checked?

(89)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused
- 7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

8.1 Ever told you had a heart attack, also called a myocardial infarction?

(91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- **8.2** (Ever told) you had angina or coronary heart disease?

(92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- **8.3** (Ever told) you had a stroke?

(93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

(94)

- 1 Yes
- NoDon't know / Not sure

[Go to next section]
[Go to next section]

9 Refused

[Go to next section]

9.2 Do you still have asthma?

(95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 10: Immunization

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

(96)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

(97)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(98)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

(99)

INTERVIEWER NOTE: Response is "Yes" only if respondent has received the entire series of three shots.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

The next question is about behaviors related to Hepatitis B.

Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

You have hemophilia and have received clotting factor concentrate You have had sex with a man who has had sex with other men, even just one time You have taken street drugs by needle, even just one time You traded sex for money or drugs, even just one time You have tested positive for HIV

You have had sex (even just one time) with someone who would answer "yes" to any of these statements

You had more than two sex partners in the past year

Are any of these statements true for you?

(100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life?

(101)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to next section]
 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]
- **11.2** Do you now smoke cigarettes every day, some days, or not at all?

(102)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]
- During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(103)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Demographics

12.1 What is your age?

(104-105)

_ _ Code age in years

	0 7 0 9	Don't know / Not sure Refused	
12.2	Are yo	ou Hispanic or Latino?	(106
	1 2 7 9	Yes No Don't know / Not sure Refused	(106
12.3	Which	one or more of the following would you say is your race?	(107-112)
	(Chec	k all that apply)	
	Please	e read:	
	1 2 3 4 5	White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Or Other [specify]	
	Do no	ot read:	
	8 7 9	No additional choices Don't know / Not sure Refused	
(CATI: If i	more than o	ne response to Q12.3; continue. Otherwise, go to Q12.5.}	
12.4	Which	one of these groups would you say best represents your race? W	/ould you say
	Please	e read:	(113)
	1 2 3 4 5 6	White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Other [specify]	
	Do no	ot read:	
	7 9	Don't know / Not sure Refused	
12.5	the reg include	you ever served on active duty in the United States Armed Forces, gular military or in a National Guard or military reserve unit? Active te training for the Reserves or National Guard, but DOES include a pole, for the Persian Gulf War.	duty does not

			(114)
	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	
12.6	Are yo	ou?	
			(115)
	Pleas	se read:	
	1	Married	
	2	Divorced	
	3 4	Widowed	
	5	Separated Never married	
	Or	Never mameu	
	6	A member of an unmarried couple	
	Do no	ot read:	
	9	Refused	
12.7	How r	many children less than 18 years of age live in your household?	(116-117)
		Number of children	(1.0.11)
	88	None	
	9 9	Refused	
12.8	What	is the highest grade or year of school you completed?	(118)
	Pead	only if necessary:	(110)
	Neau	only if necessary.	
	1	Never attended school or only attended kindergarten	
	2	Grades 1 through 8 (Elementary)	
	3	Grades 9 through 11 (Some high school)	
	4	Grade 12 or GED (High school graduate)	
	5	College 1 year to 3 years (Some college or technical school)	
	6	College 4 years or more (College graduate)	
		ot read:	
	9	Refused	
12.9	Are yo	ou currently?	
	_		(119)
	Pleas	se read:	
	1	Employed for wages	
	2	Self-employed	

- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

8 Unable to work

Do not read:

9 Refused

12.10 Is your annual household income from all sources—

(120-121)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03** (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02** (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01** (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 **If "no," ask 06** (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07** (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08** (\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

12.11 About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions up

_ _ _ Weight

(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

12.12 About how tall are you without shoes?

(126-129)

Note: If respondent answers in metrics, put "9" in column 126.

Round fractions down

__/__ Height
(f t / inches/meters/centimeters)
7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

{CATI: If 12.11=7777 (Don't Know/Not sure) or 9999(Refused) go to 12.15}

12.13 How much did you weigh a year ago? [Female respondent: If you were pregnant a year ago, how much did you weigh before your pregnancy?]

(130-133)

[Note: If respondent answers in metrics, put "9" in column 130.]

Round fractions up

____ Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

{CATI: Subtract weight one year ago from current weight. If weight is same, go to Q12.15.} {CATI: If Q12.13=7 or 9, go to Q12.15}

12.14 Was the change between your current weight and your weight a year ago intentional?

(134)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- **12.15** What county do you live in?

(135-137)

_ _ _ FIPS county code
7 7 Don't know / Not sure

9 9 9 Refused

12.16 What is your ZIP Code where you live?

(138-142)

ZIP Code

7777 Don't know / Not sure

99999 Refused

12.17			ephone number in your household? Do not incoming only used by a computer or fax machine.	lude (143)
	1 2 7 9	Yes No Don't know / Not sure Refused	{Go to Q12.19} {Go to Q12.19} {Go to Q12.19}	
12.18	How m	any of these telephone i	umbers are residential numbers?	(144)
	7 9	Residential telephone of Don't know / Not sure Refused	umbers [6 = 6 or more]	
12.19	week o		your household been without telephone service terruptions of telephone service because of w	
	natarai	disasters.		(145)
	1 2 7 9	Yes No Don't know / Not sure Refused		
12.20	Indicate	e sex of respondent. As	k only if necessary.	(146)
	1 2	-	next section} condent is 45 years old or older, go to next	section}
12.21	To you	r knowledge, are you no	w pregnant?	(147)
	1 2 7 9	Yes No Don't know / Not sure Refused		
Section 13	: Alco	hol Consumption		
13.1		the past 30 days, have r, wine, a malt beverage	you had at least one drink of any alcoholic bevor liquor?	verage such (143)
	1 2 7 9	Yes No Don't know / Not sure Refused	[Go to next section] [Go to next section] [Go to next section]	

13.2		g the past 30 days, how many days per week or per month did you ha rink of any alcoholic beverage?	ve at least
	one ai	The of any accondic beverage:	(144-146)
	2 8 8 8 7 7 7	Days per week Days in past 30 days No drinks in past 30 days Don't know / Not sure Refused	
13.3	shot of	rink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a dr f liquor. During the past 30 days, on the days when you drank, about did you drink on the average?	
	7 7 9 9	Number of drinks Don't know / Not sure Refused	
13.4		dering all types of alcoholic beverages, how many times during the pa ave X [CATI X = 5 for men, X = 4 for women] or more drinks on an o	
	 8 8 7 7 9 9	Number of times None Don't know / Not sure Refused	
13.5	During	g the past 30 days, what is the largest number of drinks you had on ar	ny occasion? (151-152)
	7 7 9 9	Number of drinks Don't know / Not sure Refused	
Section 14	: Disa	ability	
The following o	question	s are about health problems or impairments you may have.	
14.1	Are yo proble	ou limited in any way in any activities because of physical, mental, or ems?	emotional (153)
	1 2 7 9	Yes No Don't know / Not Sure Refused	

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

14.2

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

(155)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]
- **15.2** Did your joint symptoms first begin more than 3 months ago?

(156)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]
- **15.3** Have you ever seen a doctor or other health professional for these joint symptoms?

(157)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(158)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- · tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome

- joint infection, Reiter's syndrome
- · ankylosing spondylitis; spondylosis
- · rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

{CATI: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.}

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(159)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[INTERVIEWER NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."]

Section 16: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

(160-162)

- 1 Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

16.2 Not counting juice, how often do you eat fruit?

(163-165)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

16.3	How oft	ten do you eat green salad?	(166-168)
	1 2 3 4 555 777 999	Per year Never	
16.4	How oft	ten do you eat potatoes not including French fries, fried potatoes, or pota	to chips? (169-171)
	1 2 3 4 5 5 5 7 7 7 9 9 9	Per year Never	
16.5	How oft	ten do you eat carrots?	(172-174)
	1 2 3 4 5 5 5 7 7 7 9 9 9	Per year Never	
16.6		unting carrots, potatoes, or salad, how many servings of vegetables do you xample: A serving of vegetables at both lunch and dinner would be two s	
	2 3 4 5 5 5	Per year Never Don't know / Not sure	

Section 17: Physical Activity

{CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.}

When you are at work, which of the following best describes what you do? Would you say—

(178)

[If respondent has multiple jobs, include all jobs.]

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do **[fill in "when you are not working" if "employed" or self-employed"]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(179)

- 1 Yes
- 2 No [Go to Q17.5]
- 7 Don't know / Not sure [Go to Q17.5]
- 9 Refused **[Go to Q17.5]**
- 17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

(180-181)

- _ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes

at a time? [Go to Q17.5]

- 77 Don't know / Not sure [Go to Q17.5]
- 9 9 Refused [Go to Q17.5]
- On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(182-184)

- :__ Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

Now, thinking about the vigorous activities you do [fill in "when you are not working" if "employed" or "self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(185)

- 1 Yes
- 2 No [Go to next section]
 7 Don't know / Not sure [Go to next section]
 9 Refused [Go to next section]
- 17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(186-187)

- __ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes

at a time [Go to next section]
7 7 Don't know / Not sure [Go to next section]
9 9 Refused [Go to next section]

17.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(188-190)

_:__ Hours and minutes per day

777 Don't know / Not sure

999 Refused

Section 18: HIV/AIDS

{CATI note: If respondent is 65 years old or older, go to next section.}

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(191)

- 1 Yes
- 2 No [Go to next section]
 7 Don't know / Not Sure [Go to next section]
 9 Refused [Go to next section]
- **18.2** Not including blood donations, in what month and year was your last HIV test?

(192-197)

NOTE: If response is before January 1985, code "Don't know."

___/__ Code month and year 77/7777 Don't know / Not sure

9 9/ 9 9 9 9 Refused

Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

(198-199)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

{CATI note: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.}

18.4 Was it a rapid test where you could get your results within a couple of hours?

(200)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 19: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

19.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say "please include support from any source".

(201)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused
- 19.2 In general, how satisfied are you with your life?

(202)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea* is defined as 3 or more loose stools or bowel movements in a 24-hour period.

(208)

- 1 Yes
- No
 Go to Core closing statement
 Bon't know / Not sure
 Refused
 Go to Core closing statement
 Go to Core closing statement
- **20.2** Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer "Yes" if you just had telephone contact with a health professional.

(209)

- 1 Yes
- No
 Don't know / Not sure
 Refused
 Go to Core closing statement
 Go to Core closing statement
 Go to Core closing statement
- When you visited your health care professional, did you provide a stool sample for testing?

(210)

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

Transition to modules and state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Module 1: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q12.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Mod1_1]

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child."

Mod1_1 What is the birth month and year of the "**Xth**" child?

(203-208)

__/___ Code month and year 7 7/ 7 7 7 Don't know / Not sure 9 9/ 9 9 9 9 Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Mod1 2 Is the child a boy or a girl?

(209)

- 1 Boy 2 Girl
- 9 Refused

Mod1 3 Is the child Hispanic or Latino?

(210)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod1_4	Which one or more of the following would you say is the race of the child?			
	[Check	all that apply]		
	Please	read:		
	1 2 3 4 5 Or 6	White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian, Alaska Native Other [specify]		
	Do not	read:		
	8 7 9	No additional choices Don't know / Not sure Refused		
{CATI note: If I	more th	an one response to Mod1_4, continue. Otherwise, go to Mod1_6.}		
Mod1_5	Which	one of these groups would you say best represents the child's race?	(217)	
	1 2 3 4 5 6 7 9	White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian, Alaska Native Other Don't know / Not sure Refused		
Mod1_6	How ar	e you related to the child?	(218)	
	Please read:			
	1 2 3 4 5	Parent (include biologic, step, or adoptive parent) Grandparent Foster parent or guardian Sibling (include biologic, step, and adoptive sibling) Other relative Not related in any way		
	Do not	read:		
	7 9	Don't know / Not sure Refused		

Module 2: Childhood Asthma Prevalence

{CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module. }

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

Mod2_1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

(219)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

Mod2_2 Does the child still have asthma?

(220)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 11: Colorectal Cancer Screening

{CATI note: If respondent is ≤49 years of age, go to next module. }

Mod11_1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

(301)

- 1 Yes
- 2 No [Go to Mod11_3]
- 7 Don't know / Not sure [Go to Mod11_3]
- 9 Refused [Go to Mod11 3]

Mod11_2 How long has it been since you had your last blood stool test using a home kit?

(302)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Mod11_3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

(303)

- 1 Yes
- 2 No [Go to next module]
 7 Don't know / Not sure [Go to next module]
 9 Refused [Go to next module]
- For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT examination called a sigmoidoscopy or a colonoscopy?

(304)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 3 Something else
- 7 Don't know / Not sure
- 9 Refused

Mod11_5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

(305)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 12: Adult Asthma History

{CATI note: If Core Q9.1 = 1 (Yes), continue. Otherwise, go to next module.}

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Mod12_1 How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

(306-307)

- _ _ Age in years 11 or older [96 = 96 and older]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

{CATI note: If Core Q9.2 = 1(Yes), continue. Otherwise, go to next module.}

Mod12_2	During the past 12 months, have you had an episode of asthma or an asthma attack?				
	1 2 7 9	Yes No Don't know / Not sure Refused	(308)		
Mod12_3	·		urgent 309-310)		
	8 8 9 8 9 9	Number of visits [87 = 87 or more] None Don't know / Not sure Refused			
Mod12_4	[If one or more visits to Mod12_3, fill in "Besides those emergency room visits,"] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (311-312)				
	 8 8 9 8 9 9	Number of visits [87 = 87 or more] None Don't know / Not sure Refused			
Mod12_5		the past 12 months, how many times did you see a doctor, nurse, or other ional for a routine checkup for your asthma?	r health 313-314)		
	- 8 8 9 8 9 9	Number of visits [87 = 87 or more] None Don't know / Not sure Refused			
Mod12_6	During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (315-317)				
	 8 8 8 7 7 7 9 9 9	Number of days None Don't know / Not sure Refused			

Mod12_7 Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

(318)

Please read:

- 8 Not at any time [Go to Mod12_9]
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

Or

5 Every day, all the time

Do not read:

- 7 Don't know / Not sure
- 9 Refused
- Mod12_8 During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

(319)

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

5 More than ten

Do not read:

- 7 Don't know / Not sure
- 9 Refused
- **Mod12_9** During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(320)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Mod12_10 During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

(321)

[INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.]

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 13: Arthritis Management

{CATI note: If Core Q15.2 or Q15.4 = 1 (Yes), continue. Otherwise, go to next module.}

Mod13_1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**?

(322)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

- 7 Don't know / Not sure
- 9 Refused
- **Mod13_2** Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

(323)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure

9 Refused

Mod13_3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(324)

Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused
- **Mod13_4** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(325)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

State-Added 1: Secondhand Smoke Policy

AZ1_1 Which statement best describes the rules about smoking inside your home?

Please read

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

Or

4 There are no rules about smoking inside your home

Do not read

- 7 Don't know/Not sure
- 9 Refused

{CATI note: If response to Core Q12.9 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to next section.}

- **AZ1_2** While working at your job, are you indoors most of the time?
 - 1 Yes
 - 2 No [Go to AZ2_1]
 - 7 Don't know/Not sure [Go to AZ2_1]
 - 9 Refused [Go to AZ2_1]

AZ1_3 Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

[Interviewer Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]

Please read

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

Or

4 No official policy

Do not read

- 7 Don't know/Not sure
- 9 Refused
- **AZ1_4** Which of the following best describes your place of work's official smoking policy for work areas?

Please read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

Or

4 No official policy

Do not read

- 7 Don't know/Not sure
- 9 Refused

State-Added 2: Indoor Air Quality

The next five questions are about the air quality in your home.

[Interviewer Note: Home refers to the respondent's primary residence.]

AZ2 1 Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?

[Interviewer Note, Please read if necessary: Not a total electric furnace or boiler.]

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused
- AZ2_2 Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or a clothes dryer?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

AZ2_3 During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home?

[Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.]

- _ _ _ Number of days
- 5 5 5 Do not have
- 888 None
- 777 Don't know / Not sure
- 999 Refused
- AZ2_4 A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- AZ2_5 Do you currently have mold in your home on an area greater than the size of a dollar bill?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

State-Added 3: Oral Health

- AZ3_1 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid/AHCCCS?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- AZ3_2 Have you ever had dental work done in another country? Do NOT include any dental work done on any military base.
 - 1 Yes
 - 2 No [Go to AZ4 1]
 - 7 Don't know/Not [Go to AZ4_1]
 - 9 Refused [Go to AZ4 1]
- AZ3_3 In what country/countries did you have the dental work done?
 - 1 Canada
 - 2 Mexico
 - 3 Other country/countries
 - 7 Don't know/Not sure

- 9 Refused
- **AZ3_4** What was the main reason you had dental work done in another country?
 - 1 Low cost
 - 2 I lived in that country at the time
 - 3 Convenience
 - 4 Other
 - 7 Don't know/Not sure
 - 9 Refused
- AZ3_5 When was the dental work done?

INTERVIEWER: READ LIST IF NECESSARY

- 1 Within the last year
- 2 1-<2 years
- 3 2-<5 years
- 4 5-<=10 years ago
- 5 Over 10 years ago
- 7 Don't know/Not sure
- 9 Refused

State-Added 4: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart heath.

{CATI note: If Core Q8.1 = 1 (Yes), ask Q1. If Core Q8.1 = 2, 7, or 9, skip Q1.}

- AZ4_1 After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

{CATI note: If Core Q8.3 = 1 (Yes), ask AZ4_2. If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), Go to AZ5_1.}

- AZ4_2 After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

State-Added 5: Heart Attack and Stroke

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

AZ5_1	(Do yo	(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)			
	1 2 7 9	Yes No Don't know/Not sure Refused			
AZ5_2		(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)			
	1 2 7 9	Yes No Don't know/Not sure Refused			
AZ5_3	(Do yo	(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)			
	1 2 7 9	Yes No Don't know/Not sure Refused			
AZ5_4	(Do yo	(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)			
	1 2 7 9	Yes No Don't know/Not sure Refused			
AZ5_5		(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)			
	1 2 7 9	Yes No Don't know/Not sure Refused			
AZ5_6	(Do yo	(Do you think) severe headache with no known cause (is a symptom of a stroke?)			
	1 2 7 9	Yes No Don't know/Not sure Refused			

AZ5_7	If you thought someone was having a heart attack or a stroke, what is the first thing you would do?		
	(291)		
	Please read: 1 Take them to the hospital 2 Tell them to call their doctor 3 Call 911 4 Call their spouse or a family member Or 5 Do something else		
	Do not read: 7 Don't know/Not sure 9 Refused		
State-Adde	ed 6: Folic Acid		
AZ6_1	Do you currently take any multivitamins or supplements that contain folic acid?		
	Yes No [Go to AZ6_3] Don't know/Not sure [Go to AZ6_3] Refused [Go to AZ6_3]		
AZ6_2	How often do you take this multivitamin or supplement?		
	1 Times per day 2 Times per week 3 Times per month 7 7 7 Don't know / Not sure 9 9 9 Refused		
AZ6_3	Some health experts recommend that women take 400 micrograms of the B-vitamin folio acid every day. They recommend this for which one of the following reasons?		
	Please read: 1 To make strong bones 2 To prevent birth defects 3 To prevent high blood pressure Or 4 Some other reason		
	Do not read: 7 Don't know/Not sure 9 Refused		

State-Added 7: Osteoporosis

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.

- AZ7_1 Have you EVER been told by a doctor, nurse, or other health professional that you have osteoporosis?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

State-Added 8: Pre-Diabetes

{CATI: If core Q5.1=1, go to next section; else continue.}

- **AZ8_1** Have you had a test for high blood sugar or diabetes within the past three years?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- AZ8_2 Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

State-Added 9: Violence

The next questions deal with different types of physical and/or sexual violence. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

AZ9_consent. Are you in a safe place to answer these questions?

(343)

- 1 Yes
- 2 No [Go to next section]
- AZ9_1 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused
- AZ9_2 Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- AZ9_3 Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO.
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- AZ9_5 Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- AZ9_6 Have you EVER experienced any unwanted sex by a current or former intimate partner?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Violence Closing: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1-800-799-SAFE (7233)**. Would you like me to repeat the number?

Asthma Follow-up Questions

{Arizona will participate in the Adult & Child Asthma Callback survey}

{If s9q1 or s9q2=1 or mod2_1 or mod2_2=1 continue, else go to closing}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}

ast1.

We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Arizona.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your **[if including ast2, fill in: first name or initials and]** phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No [go to closing]

{ast2 and ast3 will not be asked in January, but may be activated pending further analysis of 2006 results}

ast2. Can I please have (fill-in: your/your child's) first name or initials so we will know who to ask for when we call back?

- 1 Gave Information
- 9 Refused

ast3. ENTER NAME: _____

Closing Statement

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.